

Commonwealth of Massachusetts Division of Professional Licensure Board of Registration of Cosmetology and Barbering

1000 Washington Street, Suite 710, Boston, MA 02118 https://www.mass.gov/orgs/board-of-registration-of-cosmetology-and-barbering 617-727-9940

LAPSED ELECTROLOGY LICENSE APPLICATION

A license is lapsed if it has not been renewed within three years of its expiration date. A person wishing to reinstate such a license must pass a practical examination, unless that person has a current instructor license and wishes to reinstate a lapsed cosmetology, aesthetics, or barbering license or has a current cosmetology, aesthetics, or barbering license and wishes to reinstate a lapsed instructor license. G.L. Ch. 112, Section 87GG.

A COMPLETE APPLICATION MUST INCLUDE:

- o A small 2" x 2" photo
- o A copy of your driver's license or other government-issued photo ID
- O A notarized Criminal Offender Record Information (CORI) Acknowledgment Form.

Please retain copies of all paperwork submitted.

Please note that the Board no longer issues temporary permits.

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.



Commonwealth of Massachusetts Division of Professional Licensure Board of Registration of Cosmetology and Barbering

1000 Washington Street, Suite 710, Boston, MA 02118 https://www.mass.gov/orgs/board-of-registration-of-cosmetology-and-barbering 617-727-9940

Lapsed Electrology License Application Practical Exam Required

BOARD USE ONLY Board:			Please attach recent
License #: Гуре: Cash #:			2" X 2"
Cash Date:			passport photograph here
Applicant Name: Last		First	Middle
2. Maiden Name:			Middle
3. Expired License#:		License E	xpiration Date:
	OARD USE Oue Date:		Lic. Exp. Date:
4. Date of Birth:			
5. Permanent Address:			
No.		Street	Apt. #
City/Town		State	Zip Code
5. Business Address (If Applicable):	·		
	No.	Street	Apt. #
_	City/Town	State	Zip Code
7. Contact Phone Number:	E	mail address	:
8. Social Security Number (Mandato Pursuant to G.L. c. 62C, s. 47A, th your social security number and fo Revenue will use your social secur the tax laws of the Commonwealth	ne Division of Propression of Propre	epartment of	Revenue. The Department

Background Questions

1.	jurisdiction?			
	Yes: □	No: □		
	•	ed letter must be submitted with this application. The letter should contain and description of the incident.		
2.	Other than the license listed above, do you hold or have you held a professional license any jurisdiction?			
	Yes: □	No: □		
	If your license is	s with the Board, please list your license number:		
	authority to send	es, please contact the jurisdiction's licensing authority and arrange for that d a certificate of standing directly to the Board indicating the status of your tion on any pending actions, and any disciplinary information.		
	For questions 3 the incident.	8-6, if you answer yes, you must submit a notarized letter explaining		
3.	Are you the subj	ject of pending disciplinary action by a licensing board in any jurisdiction?		
	Yes: □	No: □		
4.	Have you ever v jurisdiction?	roluntarily surrendered a professional license to a licensing board in any		
	Yes: □	No: □		
5.	Have you ever a	pplied for and been denied a professional license in any jurisdiction?		
5.	Have you ever a Yes: □	pplied for and been denied a professional license in any jurisdiction? No: □		
	Yes: □			

Certification

I certify, under the pains and penalties of perjury, that the	nformation I have provided pursuant to this
application for licensure is truthful and accurate. I underst	and that the failure to provide accurate
information may be grounds for the Massachusetts Board	of Registration of Cosmetology and
Barbering to deny me the right to sit as a candidate or to su	spend or revoke a license issued to me in
accordance with Massachusetts Law. I further attest that, J	pursuant to G.L. c. 62C, §49A, to the best of
my knowledge and belief, I and/or the business entity I rep	resent have filed all state tax returns and
paid all state taxes required by law.	
Signature of Applicant Date	